



ARZA CANADA Rabbi Michael Stroh SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

NAME OF RABBI: _____

ARZA CANADA MEMBER: Yes___ No___

ACTIVITIES: (for example, Youth Group, Religious School, Camp George, other)

NAME OF PROGRAM IN ISRAEL: _____

DATE OF PROGRAM IN ISRAEL: _____

(include copy of letter of acceptance in your application)

STATEMENT OF INTEREST: Answer the following questions (Maximum 250 words):

Why do you want to attend this program?

What are you hoping to learn from your experience?

How will you share your learning with the Canadian Reform community when you return home?

Signature of applicant: _____ Signature of Rabbi: _____

Email application to: info@arzacanada.org

Or mail to: ARZA Canada Rabbi Michael Stroh Scholarship Application,
3845 Bathurst Street, Suite 301, Toronto, ON, M3H 3N2